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15th Anniversary

July 3, 2001

The NRH Medical Rehabilitation Network

> Kimberly Topper Food and Drug Administration, CDER Advisors and Consultants Staff, HFD-21 5600 Fishers Lane Rockville, MD 20857

RE: Support for chronic opioid analgesia

Dear Ms. Topper:

I would like to provide the following input for the Anesthetic and Life Support Drugs Advisory Committee Meeting:

I am a physician at National Rehabilitation Hospital in Washington, DC. The majority of my patients have pain problems that are of nonmalignant origin. Diagnoses range from simple sprains/strains and osteoarthritis to neuropathic pain and spinal cord injury. We use an assortment of methods to control pain including: passive modalities (such as heat, ice, ultrasound, electrical stimulation, iontophoresis), occupational and physical therapies, pain psychology intervention, injections, and a variety of medications. Sometimes, we choose opioid analgesics, both for use in acute as well as in chronic pain.

Although there are risks with using opioid analgesics (as there is with any medication), opioids have been of particular concern because of the potential for abuse/addiction. I would like to emphasize that if patient selection is performed properly, the risk of opioid abuse/addiction is very small. Patients with a well-defined pain diagnosis, no previous history of substance abuse or psychiatric illness, and good support from family or friends have a negligent risk for abuse/addiction. Regular physician follow-ups, meticulous record keeping, communication with local pharmacies, and opioid contracts further reduce other misuse problems and diversion.



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I have many patients with non-malignant pain who are able to work and live productive lives with the help of opioid analgesics. With further education of health care workers and the general public, I am certain that these medications can be used safely and effectively.

Please contact me if you have any questions or concerns.

Sincerely,

Michael Kuo, M.D. Staff Physiatrist 202-877-1146